

NEWSLINK



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Fall, 2000

Calendar of Upcoming Events

February 1 & 2, 2001

Committee Meetings & Board Meeting

April 21, 2001

Examination: Licensed Professional Counselor

April 25-27, 2001

Board Planning Meeting & Committee Meetings

April 28, 2001

Examination: Certified Substance Abuse Counselor

Examination: Certified Rehabilitation Provider

May 11, 2001

Examination: Licensed Marriage & Family
Therapist

July 21, 2001

Examination: Licensed Professional Counselor

August 23 & 24, 2001

Committee Meetings & Board Meeting

October 20, 2001

Examination: Licensed Professional Counselor

October 27, 2001

Examination: Certified Substance Abuse Counselor

Examination: Certified Rehabilitation Provider

November 1 & 2, 2001

Committee Meetings & Board Meeting

November 9, 2001

Examination: Licensed Marriage & Family

Therapist

From the Editor... —

By Eric Scalise – Chair, Public Relations Committee

"The Board of Counseling"... - that comes out so much easier than our previous organizational title and we may have even saved some trees in the process. Nevertheless, a simplified and compacted name does not hide the fact that we still represent a diversity of the helping professions. Each one, whether the Licensed Professional Counselor, the Licensed Marriage and Family Therapist, the Licensed Substance Abuse Treatment Practitioner, the Certified Substance Abuse Counselor or the Certified Rehabilitation Provider, brings a unique focus and perspective to the table. We may all have opinions regarding standards of practice and the efficacy of our particular discipline, but the truth is that we can benefit from and enrich each other in our service to the public.

Having worked in a hospital environment for 12 years, I can attest to the strength, safety and distinct advantages of having a treatment "team" orientation. The wisest and most effective decisions we make in life are often dependent upon the information sitting in front of us that

(Continued on page 3)

Board Information

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Hampton University, Asst. Professor
of Psychology
1st term; expires 6/30/01
Committee Assignment: Credentials
& Supervision Committees

Board Member Profiles

Abigail C. Barnes, M.A., CSAC

Victoria, VA
Department of Corrections;
Probation/Parole
1st term; expires 6/30/01
Committee Assignment: Regulatory
& Examination Committees

Timothy E. Clinton, Ed.D., LPC

Forest, VA
President, Light Associates, Inc.
2nd term; expires 6/30/04
Committee Assignment: Supervision
Committee

Barbara M. Chrisley, Ph.D.

Dublin, VA
Citizen member
1st term; expires 6/30/04
Committee Assignment: Regulatory
Committee

V. Maurice Graham, D.Min., LMFT

Richmond, VA
1st term; expires 6/30/01
Committee Assignment: Credentials
& Examination Committees

Rosemarie S. Hughes, Ph.D., LPC

Vice Chair
Virginia Beach, VA
Regent University; Dean of
Counseling and Human Services
2nd term; expires 6/30/03
Committee Assignment: Executive
& Examination Committees

Michael J. Kelly, SATP, CSAC

Newport News, VA
Clinical Manager; Hampton-Newport
News Community Service Board
2nd term; expires 6/30/01
Committee Assignment: Executive
Committee

Howard R. King, Jr., Ph.D., LPC

Hampton, VA

Jack Knapp, D.D.

Sandston, VA
Citizen member
1st term; expires 6/30/02
Committee Assignment: Legislation
Committee, & Member, Board of Health
Professions

Susan D. Leone, Ed.D., LPC

Board Chair
Midlothian, VA
Asst. Prof. of Counselor Education, VCU
2nd term; expires 6/30/02
Committee Assignment: Executive,
Discipline & Credentials Committees

Janice F. McMillan, Ph.D., LPC, LMFT

Richmond, VA
Private practice, Dominion
Behavioral Healthcare
1st term; expires 6/30/01
Committee Assignment: Regulatory &
Discipline Committees

Howard O. Protinsky, Ph.D., LPC, LMFT

Roanoke, VA
Private practice, Manassas Group
& Professor in Marriage & Family Therapy
VPI & SU
1st term; expires 6/30/02
Committee Assignment: Supervision
& Regulatory Committees

Eric T. Scalise, Ed.S., LPC, LMFT

Williamsburg, VA
President, Beacon Counseling
and Consulting
2nd term; expires 6/30/03
Committee Assignment: Public Relations
& Regulatory Committees

Lynnette L. Shadoan, M.A., LPC, LMFT

Lynchburg, VA
Private practice, Resource
Guidance Services
1st term; expires 6/30/01
Committee Assignment: Discipline
& Supervision Committees

Pamela Siegel, LPC

Richmond, VA

1st term; expires 6/30/04

Committee Assignment: Discipline
Committee

From the Editor... —

(Continued from page 1)

we're going to base those decisions on. The thought being, the more information and feedback we have, probably the better the decisions we'll make. Otherwise, we risk a roll of the dice. This remains true for the Board in its own work and decision making process. Thank you for being part of the overall treatment team. Your input and commitment to professional excellence is an important resource.

On behalf of Board Members and Staff, we also hope you have a peaceful and meaningful holiday season. Why not give yourself the gift of quiet and meaningful reflection on all that you do and permission to be still long enough to allow others to pour back into your own life. As always should you have any comments, feedback or suggestions, please don't hesitate to contact us.

The Board also wants to welcome our two newest members. Barbara M. Chrisley, a citizen member, and Pamela Siegel, LPC.

individuals pursuing licensure in more than one category simultaneously, and will provide more consistent ethical guidelines and grounds for disciplinary action for all regulated professions.

The Committee will continue its work from last year to update the requirements for substance abuse counselor certification. The Board has established an ad-hoc committee of representatives from the substance abuse profession to define scopes of practice and KSA's for various levels of responsibility in the profession. The ad-hoc committee will make recommendations to the Regulatory Committee regarding alternatives to address the scope of practice issues.

In August, the Board was granted permission to develop a time-limited provision for licensure of substance abuse professionals who do not meet all of the requirements in the current regulations. The Regulatory Committee will be working on a proposal for the Board's consideration at its January, 2001 meeting. The anticipated effective date of the regulation is Fall, 2001.

Information on the licensure and certification titles governed by the Board can be obtained by contacting Joyce Williams at 804/662-9912. In addition, regulations and application forms are accessible on the internet at www.dhp.state.va.us. Proposed regulations are not posted until the Board receives permission from the Governor to publish the proposals.

Regulatory Review

*By Janice F. McMillian,
Ph.D., Regulatory Committee Chair*



Over the past six years, the Board has accomplished an extensive amount of regulatory work through the efforts of its Regulatory Committee. During this time, the Committee developed three new chapters of regulations for three new professional titles established by the General Assembly, and has completed extensive reviews of all of its regulations. Because regulatory review is an ongoing process, the Committee is now gearing up to begin another review process for each of the Board's five chapters of regulations.

Recent efforts of the Committee have been focused on comparing all chapters section by section, and identifying areas where language could be improved and made more consistent among all regulations. This will simplify the licensure process for

Statistical Information

Total Number of Licensees/Certificate Holders as of October 1, 2000

| | |
|--------------------------------------------------|-------|
| Licensed Professional Counselors | 2,458 |
| Licensed Marriage and Family Therapists | 914 |
| Licensed Substance Abuse Treatment Practitioners | 60 |
| Certified Substance Abuse Counselors | 1,177 |
| Certified Rehabilitation Providers | 891 |

Results of April 15, 2000 LPC Examination

| | |
|-----------------|----------|
| Number examined | 68 |
| Number passed | 51 (75%) |

Results of July 15, 2000 LPC Examination

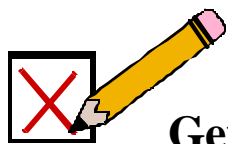
| | |
|-----------------|----------|
| Number examined | 53 |
| Number passed | 47 (89%) |

Results of May 12, 2000 LMFT Examination

| | |
|-----------------|----------|
| Number examined | 2 |
| Number passed | 2 (100%) |

Results of April 29, 2000 CSAC Examination

| | |
|-----------------|----|
| Number examined | 49 |
|-----------------|----|



2000 General Assembly

Statutes and bills can also be accessed by Internet through the Legislative Information System at <http://legis.state.va.us>. Select hyperlink for the Code of Virginia, under "Searchable Databases" followed by the hyperlink for the Table of Contents. Select the appropriate title for the statute you need (do **not** type anything in the search window).

Specific statutes for the Department of Health Professions can be found under Title 54.1. Then select the hyperlink for the appropriate chapter. Statutes specific to Counseling are under Chapter 35. For example, the statute identified by section 54.1-2400 is under Title 54.1, Chapter 24.

For House Bills or Senate Bills, select the hyperlink for Bills and Resolutions under "Bill Tracking" and type the bill number without any spaces in the search window; e.g. hb677. For the most recent text, select the last item listed under "Full Text." A summary of the new counseling statutes follows:

§54.1-3500 changed the name of the Board to the Board of Counseling.

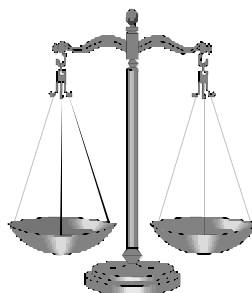
§54.1-2400.4 requires any mental health service provider who learns of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct to advise his patient of the right to report such information to the Department of Health Professions. The mental health service provider must provide the patient with information, including, but not limited to, the Department's toll-free complaint hotline number for consumer complaints and written information published by the Department of Health Professions, explaining how to file a report. The mental health service provider must also document in the patient's record the alleged misconduct, the category of licensure or certification and approximate dates of treatment, if known, of the provider who will be the subject of the report, and the action taken by the mental health service provider to inform the patient of his right to file a complaint with the Department of Health Professions. The mental health service provider will be immune from any civil liability or criminal prosecution resulting therefrom unless such person

acted in bad faith or with malicious intent. Any person failing to inform a patient of his right to file a complaint against a regulated person as provided in this bill will be subject to a civil penalty not to exceed \$100 dollars.

To download a copy of the brochure on the Disciplinary Process for Licensed Professionals, enter the agency website at www.dhp.state.va.us, scroll to Enforcement Division, click on the Disciplinary Process for Licensed Health Professionals.

§8.01-413 requires a health care provider to accept a photocopy, facsimile, or other copy of the original document signed by the patient providing authority for the requestor to obtain his health care records.

If you have comments, you may write to the Executive Director, Evelyn Brown, at the mailing address on this newsletter or e-mail to ebrown@dhp.state.va.us



Disciplinary Actions

The Board has taken the following action since May 2000:

MICHAEL D. ANDERSON, CSAC, #0710-000690

FINDINGS: During the course of and subsequent to individual and group counseling provided to a client for issues related to substance abuse, he pursued a dual relationship that initially included sharing details of his own marital problems, participating in e-mail correspondence, scheduling luncheon dates and came to include engaging in sexual relations. Anderson destroyed all records of his counseling with this client. Anderson's conduct caused harm to the client's well-being.

ACTION: Certificate revoked by Order entered May 23, 2000.

Issues and Strategies



Dual Relationships - Part I

By Janice F. McMillan, Ph.D., LPC, LMFT
Eric T. Scalise, Ed.S., LPC, LMFT

Each year, the Board's Discipline Committee faces a number of different ethical and practice violations as complaints against practitioners are filed. One particular complaint that seems to consistently surface relates to violations involving dual relationship issues. This may occur in the counselor-client relationship or in the supervisor-supervisee relationship. There will be an attempt over the next two newsletters to address both areas. The purpose of these articles will be to encourage our licensees and certificate holders to give very careful thought to the concept of dual relationships and to approach them with the appropriate professional caution.

The first article will focus primarily on the counselor-client relationship. A subsequent article will deal with potential supervisor-supervisee dual relationship issues. The Board's regulations and ethical codes of professional associations address dual relationships with regard to both sexual intimacies with clients and with non-sexual relationships. While variation does exist between the Board's regulations and ethical codes of professional associations, there is nevertheless clear consistency on the inappropriateness of intimate relationships with *current* clients.

Following are regulatory and selected code statements regarding sexual relationships with current clients:

Virginia Regulations (18 VAC 115-20-130 B 16) states: "*Engaging in sexual intimacies with clients is strictly prohibited.*"

ACA (American Counselor's Association) Code of Ethics (Section A.6) states: "*Counselors do not have any type of sexual intimacies with clients and do not counsel clients with whom they have had a sexual relationship.*"

APA (American Psychological Association) Code of Ethics (Section 4.05) states: "*Psychologists do not engage in sexual intimacies with current patients or clients.* (Section 4.07) *Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.*"

NBCC (National Board of Certified Counselors) Code of Ethics (Section A.10) states: "*Sexual intimacy with clients is unethical. Certified Counselors will not be sexually, physically, or romantically intimate with clients.*"

AAMFT (American Association of Marriage and Family Therapists) Code of Ethics (Section 1.12) states: "*Sexual intimacy with clients is prohibited.*"

NAADAC (National Association of Alcoholism and Drug Abuse Counselors) Ethical Standards (Principle 9d) states: "*The NAADAC member shall not under any circumstances engage in sexual behavior with current or former clients.*"

There is, however, more variation in ethical standards with regard to sexual intimacies with former clients. Previously, the Board's regulations prohibited sexual relationships with former clients. Recently revised, the Board's regulations now state:

(18 VAC 115-20-130 B 16) "*For at least five years after cessation or termination of professional services, licenses shall not engage in sexual intimacies with a therapy client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, licensees shall bear the burden of demonstrating that there has been no exploitation. A patient's consent to initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.*"

The Discipline Committee often needs to consider many things in trying to assess whether or not there has been an ethical violation under this new regulation. The relationship between a counselor and a client (whether current or past) is very unique

and by its nature can lead to possible exploitation.

When a therapist is considering an intimate relationship with a former client, the expectation is that careful examination has been given to the potential for harm to the client before moving forward. Documentation of thoughtful consideration by the practitioner might include such things as:

- a. The duration of the original counseling.
- b. The issues the original counseling covered and the severity of those issues.
- c. The circumstances around termination of counseling.
- d. The former client's personal history and current mental status.
- e. The potential adverse impact on former client.
- f. Any actions by the counselor during active counseling that might have suggested a plan to initiate a sexual relationship with the client after termination.

The removal of the perpetual prohibition and the change to a five-year prohibition recognized that under some circumstances such a relationship might be non-exploitative, but in no way opens the door for all such relationships. One suggestion is that counselors be very cautious in making this type of decision and that they obtain consultation from another therapist with solid ethical training in helping them assess the potential for harm as well as other transference/countertransference issues that may be present. Emotionally unhealthy individuals may enter into intimate relationships with former therapists for inappropriate reasons and with unrealistic expectations. Also, after beginning a relationship with a counselor the former client will lose access to that counselor as a therapist in the future.

Regulation and ethical codes for dealing with non-intimate dual relationship issues are less obvious and require even more careful examination by the therapist in assessing potential for harm.

ACA Code of Ethics (Section A.6a) states: *"Counselors make every effort to avoid dual relationships with clients that could impair professional judgement or increase the risk of harm to clients"* and that *"when a dual relationship cannot be avoided, counselors should take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgement is not impaired and no exploitation occurs."* Additional references that

may be helpful for a fuller

understanding on the subject include the following ethical code sections: ACA Ethical Code Sections

A.1a; A.5a; A.6a; and A.9c; NBCC Code of Ethics Sections A.8; A.13; B.1; APA Code of Conduct Sections 1.15; 1.17a,b, and c; 1.18; NAADAC Principles 9c and d.

Many counselors live and work in the same communities as their client base. Obviously there are going to be situations that arise out of the office where they will come into contact with clients, former clients, and future clients. Assessing potential for harm does become more difficult, but nonetheless, it remains the responsibility of the therapist to examine carefully the "what-ifs." Discipline Committee members will often hear statements made such as, "But there was no harm done!" when there may be evidence that the *potential* for harm was clearly present. In some cases, it's also important to consider whether there may be potential for harm to other clients or to the profession's standing in the community. NBCC Ethical Code (Section A.13) states: *"Certified counselors are accountable at all times for their behavior. They must be aware that all actions and behaviors of the counselor reflect on professional integrity and, when inappropriate, can damage the public trust in the counseling profession."*

When a counselor begins a therapy relationship with a client with whom they have another relationship, one of the two relationships is in jeopardy of being compromised. How will that then affect the client?

If the relationship is fairly distant and more acquaintance in nature, and precautions have been taken, then perhaps not much. However, in the future the relationship may need to remain distant to provide for potential counseling should the need arise. Thought must then be given to the likelihood for interaction in the future. These issues can become more difficult and complicated in small communities, where interactions, and "bumping into one another" can take place routinely at the grocery store, a local business establishment or place of worship. Appropriate boundaries that allow for normal community interaction and protect from harm can be maintained even in smaller rural settings.

If the relationship is a close friendship, clearly the dynamics and expectations of the relationship will interfere with the critical need for therapeutic objectivity and honesty. Additional concerns would include the ability to be appropriately confrontative

when necessary as well as the client's ability and comfort level to share highly sensitive information about themselves. The incompatibility of expectations between the roles of counselor and friend typically prohibit this kind of dual relationship.

Colleagues, relatives or people with whom we have well defined business connections are also examples of potential dual relationships.

While the therapy itself may progress well and be non-harmful, it is the potential for harm that is of concern. Therapists should not be naive about negative consequences should the helping relationship deteriorate and/or terminate on a bad note. How does one assess for harm? Kirtchener and Harding (1990) identify three areas of consideration 1) The compatibility of the expectations of the client and the counselor. A client's vulnerability increases as these are different; 2) The responsibilities inherent in the dual roles. As these are more different, there is potential for divided loyalties and a concomitant loss of objectivity. Counselors become at risk because their own self-interests may compromise the client's best interest; and 3) The power differential inherent in the counselor-client relationship make clients more dependent and more vulnerable. This makes harm the responsibility of the therapist.

To summarize, the following guidelines may be helpful when facing a dual relationship and the potential for problems:

1. Define clearly the nature of the dual relationship from the onset.
2. Examine very carefully any potential risk of harm to the most vulnerable person. Consider systems dynamics when making this examination.
3. Anticipate possible consequences, both positive and negative before proceeding.
4. Study both regulation and ethical codes for help.
5. Earnestly seek professional consultation to process through the issues.
6. Remember that ultimate responsibility for harm rests with the professional.



Practitioner Intervention Health Program

In January of 1998, the Health Practitioners' Intervention Program became available to any

person who is or was licensed, certified, registered or an applicant under a health regulatory board. Through Virginia Monitoring Inc., the Program provides confidential assessment, evaluation and referral services for impaired practitioners.

Information concerning the Health Practitioner's Intervention Program may be obtained from: *William E. McAllister, Virginia Monitoring, Inc., 2101 Executive Drive, Suite 5M – Tower Box 88, Hampton, VA 23666; (757) 827-6600, (888) 827-7559 (answered 24 hours a day), FAX: (757) 827-8864.* Copies of the statutes and regulations governing the Health Practitioners' Intervention Program are available from the Virginia Department of Health Professions.

Intervention Program Committee Coordinator Virginia Department Of Health Professions

Ms. Donna P. Whitney, LPN, CSAC
6606 WEST BROAD STREET, 4th FLOOR
RICHMOND, VIRGINIA 23230-1717
TELEPHONE (804) 662-9424
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STAFF

Evelyn B. Brown, Executive Director

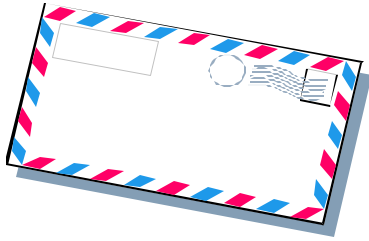
- Also Executive Director for Boards of Social Work and Psychology
- Oversees adjudication, rule-making, legislative proposals, examinations & licensing

Janet D. Delorme, Deputy Executive Director

- Manages regulatory & legislative process and for research for all behavioral science boards
- Develops application procedures for new programs

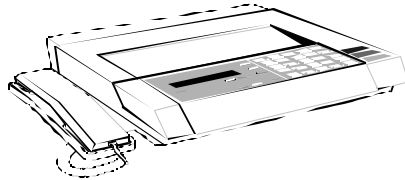
Joyce D. Williams, Administrative Assistant

- Reviews and processes applications and residency registrations for licensed MFT, SATP and Certified Rehabilitation Providers
- Coordinates application review for LPC & CSAC and examinations for all categories of licensure certification
- Coordinates disciplinary hearings, manages probation and sanctions

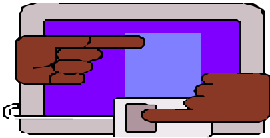


Name and Address Changes

Board policy requires that all name and address changes be made in writing to the Board office. In the case of name change, a copy of the official document indicating the change is required. You can also FAX or e-mail the necessary information to the Board Office at:



FAX (804) 662-7250



or e-mail the board at coun@dhp.state.va.us

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